

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

0 / 549548

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4		3				
5		3				
6		3				
7		(1)				
8		(1)				
9		(1)				
10		(1)				
11		1				
12		1				
13		1				
14		1				
15		1				
16	2	1				
17		1				
18		1				
19		1				
20		(1)				
21		(1)				
22		(1)				
23		(1)				
24		(1)				
25		1				
26		1				
27	1					
28	1					
29		2				
30		2				
31		2				
32		(1)				
33		(1)				
34		(1)				
35		(1)				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		(1)				
46		(1)				
47		(1)				
48		(1)				
49		(1)				
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1					
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97						
98						
99						
100						
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	55	←		←		←
TOTAL CLAIMS	61					